

State Certified "Instructor Card" Form

Today's Date: _____

Name: _____

Please Print in Ink

Instructor's Cert. #: _____

Your Phone No: _____

Mailing Address: _____

Courses you are certified to teach: _____

* There is a \$10.00 per card processing fee. Mail Order Form along with **check made payable to State of California, OES to:**

Include your
LOCAL SALES TAX

CSTI, Attn. Outreach Program
P.O. Box 8123
San Luis Obispo, CA 93403-8123
Susan.Kocher@oes.ca.gov.
Questions: (805) 549-3534

City: _____/County: _____ Local Sales Tax % _____

Number of Cards ____ x \$10.00= \$ _____ + Sales tax \$ _____ =

Total Amount Enclosed: \$ _____ Check #: _____

***This card will verify the courses you are certified to instruct.**

Each time you upgrade your instructors status, i.e., FRO, IC, FRO Decon., etc. and wish to have a new card, you must resubmit this order form and pay the \$10.00 fee.